

2004 Kansas Grain Commodity Candidate Petition Checklist

- 1) **Before petition is circulated.**
 - Fill out the Ethics Commission Form – Substantial Statement of Interest
Send this form to: Secretary of State
Memorial Hall, 2nd Floor
Elections Division
Topeka, KS 66612
- 2) Get petition signatures. A minimum of 20 signatures is required by law with no more than 5 signatures from any one county within your district.
- 3) Be sure all information grower is filled out **including date of birth and a signature**. This information is required for registration purposes.
- 4) Send in petition and short biography (1 page or less). The biography will be used for press releases and other outreach efforts.
Petition must be postmarked no later than **November 30**.
Mail the petition to:
Kansas Department of Agriculture
109 SW 9th
Grain Commodity Elections
Topeka, KS 66612

KANSAS GRAIN COMMODITIES CANDIDATE PETITION

RETURN PETITION:

KANSAS DEPARTMENT OF AGRICULTURE, 109 SW 9TH, TOPEKA, KS 66612
(785) 296-3556

PETITION MUST BE POSTMARKED BY 11/30/03 TO RUN FOR COMMISSIONER IN THIS ELECTION CYCLE.

I _____ am a resident of _____ county, and I
petition to run for the Kansas _____ Commission's seat in _____ district.

_____ Address

_____ City, State Zip

_____ Phone

_____ Email (optional)

The petitioner shall be contacted in the event any grower signer of the petition has not completed a section.

By signing this petition I declare that I am a legal resident of the state of Kansas, I am of legal voting age, have been actively engaged in growing corn, grain sorghum, soybeans or wheat within the preceding three years, and I am an eligible voter in this election.

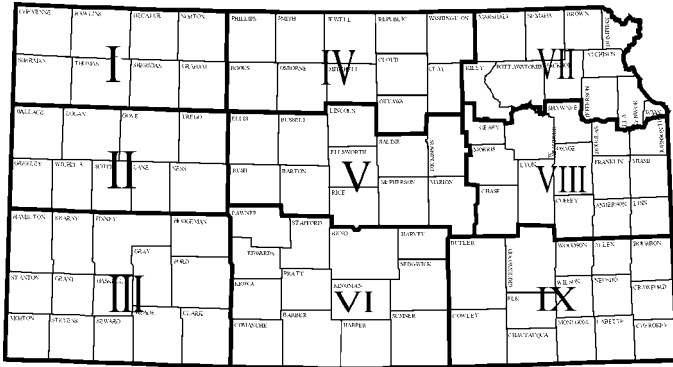
In accordance with K.S.A. 2-3001 et seq. each petition must contain the signatures of 20 eligible voters of that commodity commission election to be a valid petition. However, no more than five petition grower signatures from any one county shall be used to qualify any candidate.

Election Procedure

Upon registering to vote by Dec. 31, either by filling out the Commodity Voter Registration form that can be obtained from your county extension office, your county conservation district office, the Kansas Department of Agriculture, or any of the four grain commodity commission offices (corn, grain sorghum, soybeans or wheat), or by signing a valid candidate

petition form; you will receive a ballot by mail by Jan. 15 of that election year. You have until March 1 of that election to submit your ballot to the Kansas Department of Agriculture. The candidate winners will take office April 1. Any challenge of voter eligibility, the petition process or any other election procedure, must be submitted in writing to the Secretary of Agriculture between Feb. 20 and one week after ballots are officially counted and winners announced. The Secretary of Agriculture or designee shall serve as the final arbiter in any disputes that may arise out of the election procedure.

Those in the eastern 3 districts (7, 8 and 9) are eligible in this commodity election year.



The Wheat Commission has combined Districts VII, VIII and IX and will elect one director for those three districts.

District Information:

District Breakdown by County

District I	Cheyenne, Decatur, Graham, Norton, Rawlins, Sheridan, Sherman and Thomas
District II	Gove, Greeley, Lane, Logan, Ness, Scott, Trego, Wallace and Wichita
District III	Clark, Finney, Ford, Grant, Gray, Hamilton, Haskell, Hodgeman, Kearny, Meade, Morton, Seward, Stanton and Stevens
District IV	Clay, Cloud, Jewell, Mitchell, Osborne, Ottawa, Phillips, Republic, Rooks, Smith and Washington
District V	Barton, Dickinson, Ellis, Ellsworth, Lincoln, McPherson, Marion, Rice, Rush, Russell and Saline
District VI	Barber, Comanche, Edwards, Harper, Harvey, Kingman, Kiowa, Pawnee, Pratt, Reno, Sedgwick, Stafford and Sumner
District VII	Atchison, Brown, Doniphan, Jackson, Jefferson, Leavenworth, Marshall, Nemaha, Pottawatomie, Riley and Wyandotte
District VIII	Anderson, Chase, Coffey, Douglas, Franklin, Geary, Johnson, Linn, Lyon, Miami, Morris, Osage, Shawnee and Wabaunsee
District IX	Allen, Bourbon, Butler, Chautauqua, Cherokee, Cowley, Crawford, Elk, Greenwood, Labette, Montgomery, Neosho, Wilson and Woodson.

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I _____ am a resident of _____ county, and I petition to run for the Kansas _____ Commission’s seat in _____ district.

By signing this petition I declare that I am a legal resident of the state of Kansas, I am of legal voting age, have been actively engaged in growing corn, grain sorghum, soybeans or wheat within the preceding three years, and I am an eligible voter in this election.

1. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

2. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

3. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

4. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

5. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

6. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

7. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

8. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

In accordance with K.S.A. 2-3001 et seq. each petition must contain the signatures of 20 eligible voters of that commodity commission election to be a valid petition. However, no more than five petition grower signatures from any one county shall be used to qualify any candidate. The original version must be on file with the Election Officer to be valid.

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9. Please Print Name _____
Address _____
City _____ County _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

10. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

11. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

12. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

13. Please Print Name _____
Address _____
City _____ County _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

14. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

15. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

16. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

In accordance with K.S.A. 2-3001 et seq. each petition must contain the signatures of 20 eligible voters of that commodity commission election to be a valid petition. However, no more than five petition grower signatures from any one county shall be used to qualify any candidate. The original version must be on file with the Election Officer to be valid.

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17. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

21. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

18. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

22. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

19. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

23. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

20. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____

24. Please Print Name _____
Address _____
City _____ County _____ Zip _____
This serves as my registration for: (circle all that apply)
CORN SORGHUM WHEAT SOYBEANS
Date of Birth _____
Signature _____



KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

Last Name

First Name

MI

Spouse's Name

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

City, State, Zip Code

Home Phone Number (include area code)

Business Phone Number (include area code)

B. THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:

(check one or more of the following)

1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education or District Attorney);
2. Appointed Member of a State Board, Council, Commission or Authority;
3. Appointed State Position is Subject to Senate Confirmation;
4. Employee of a State Agency or University;
5. General Counsel for a State Agency;
6. Candidate for State Office.

List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

Division if applicable (May use acronyms)

Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

*

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- C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here ____.

	BUSINESS NAME AND ADDRESS		TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

- D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here ____.

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED		ADDRESS	RECEIVED BY:
1.				
2.				
3.				

E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ____.

If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1.				
2.				

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.

If you have nothing to report in Section "E"2, check here ____.

	NAME OF BUSINESS		ADDRESS	TYPE OF BUSINESS
1.				
2.				

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "F", check here ____.

	BUSINESS NAME AND ADDRESS		POSITION HELD	HELD BY WHOM
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

- G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here ____.

	NAME OF CLIENT / CUSTOMER		ADDRESS	RECEIVED BY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

H. DECLARATION:

I, _____, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

Date

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

Return your completed statement to the Secretary of State, Memorial Hall, First Floor, 120 SW 10th Ave., Topeka, Kansas 66612-1594.